



3731

Patent  
Attorney's Docket No. 032513-007.001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                             |   |                            |
|-----------------------------|---|----------------------------|
| In re Patent Application of | ) |                            |
|                             | ) |                            |
| Hesham M. ABDEL-GAWWAD      | ) | Group Art Unit: 3731       |
|                             | ) |                            |
| Application No.: 09/925,433 | ) | Examiner: Victor X. Nguyen |
|                             | ) |                            |
| Filed: August 10, 2001      | ) | Confirmation No.: 4106     |
|                             | ) |                            |
| For: ENDOVASCULAR ANEURYSM  | ) |                            |
| TREATMENT DEVICE AND METHOD | ) |                            |
|                             | ) |                            |

RECEIVED  
MAY 30 2003  
TECHNOLOGY CENTER R3700

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are \_\_\_\_\_.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted \_\_, on \_\_, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

| A M E N D E D   C L A I M S                                            |                  |                                                    |                 |                    |               |
|------------------------------------------------------------------------|------------------|----------------------------------------------------|-----------------|--------------------|---------------|
|                                                                        | NO. OF<br>CLAIMS | HIGHEST NO.<br>OF CLAIMS<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE               | ADDT'L<br>FEE |
| Total Claims                                                           |                  | MINUS =                                            |                 | × \$18.00 (1202) = | -0-           |
| Independent Claims                                                     |                  | MINUS =                                            |                 | × \$84.00 (1201) = | -0-           |
| If Amendment adds multiple dependent claims, add \$280.00 (1203)       |                  |                                                    |                 |                    | -0-           |
| Total Amendment Fee                                                    |                  |                                                    |                 |                    | -0-           |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |                  |                                                    |                 |                    | -0-           |
| <b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>                     |                  |                                                    |                 |                    | <b>-0-</b>    |

☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: May 23, 2003

By: Elaine P. Spector  
Elaine P. Spector  
Registration No. 40,116

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620